

Date Paid: \_\_\_\_\_ \$25 Receipt #: \_\_\_\_\_

Date Paid: \_\_\_\_\_ \$75 or \$100 Receipt #: \_\_\_\_\_

## **Plan Review Application**

The fee for the plan review application is \$25.00 and must be submitted at the time the packet is picked up from our department. Please fill out all sections and return at least 30 days prior to opening – accompanied by a menu and a set of blue prints. \$75.00 must be paid at the time the packet is submitted. If the packet was printed from FCHD website then \$100 must be paid when the packet is submitted. Fees for plan review are non-refundable.

To correctly fill out the Plan Review Application, you will need to obtain a copy of the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24 at  
[http://www.in.gov/isdh/files/410\\_iac\\_7-24.pdf](http://www.in.gov/isdh/files/410_iac_7-24.pdf)

More guidance on the plan review process can be found in Section 3 of the FDA Food Establishment Plan Review Guideline at:  
<http://www.fda.gov/downloads/Food/FoodSafety/RetailFoodProtection/ComplianceEnforcement/ucm102738.pdf>

Menu?

# PLAN REVIEW QUESTIONNAIRE

Grab 'N Go NA

- Instructions: 1. Please answer the following questions and return this form and the application to our office.  
 2. If you have any questions please call.  
 3. This questionnaire is not designed as a complete list of requirements but should be used as a guideline only.  
 4. The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24.  
 5. Please use this rule as it pertains to section numbers referenced at the end of each question.

Name of the facility and location: K&P OIL INC 2750 CHARLESTOWN RD NEW ALBANY

Contact name and phone number: PRAKASH KUMAR PATEL 610-505-0633 IN 47150

It is recommended that you provide plans that are a maximum of 11 X 14 inches in size including the layout of the floor plan.

I have submitted plans/applications to the authorities listed below on the following dates:

Zoning \_\_\_\_\_ Plumbing \_\_\_\_\_ Septic \_\_\_\_\_  
 Planning \_\_\_\_\_ Electric \_\_\_\_\_ Fire 05/21/2020  
 Building 05/11/2020

Number of seats: \_\_\_\_\_ Total square feet of the facility: 2227 SF

Number of floors on which operations are conducted: 1

Maximum meals to be served: Breakfast L Lunch L Dinner L  
 (approximate number)

Type of service: Sit down meals \_\_\_\_\_ Mobile vendor \_\_\_\_\_  
 (check all that apply) Take out L Other \_\_\_\_\_  
 Caterer \_\_\_\_\_

Who (job title) will be your certified food handler? (Title 410 IAC 7-22) PRAKASH KUMAR PATEL (SCOUTS)  
KRISPY KRUNCHY Food TRAINER will  
 How will employees be trained in food safety? (sect. 119) TRAIN

The following procedures/questions should be considered before any further planning/construction begins or continues to ensure that special consideration is given to these standard sanitary operating procedures (SSOP's). This section should be completed by the operator. Please indicate (by either checking or completing the answers) whether or not a section applies to your operation.

## FOOD

1. Please provide a list of all planned food vendors. (sect. 142) SYSCO, CORE-MARK, PEPsi,  
COKE, R.C. FRITO-LAY

2. What is the procedure for receiving food shipments? (sect. 166) Are temperatures checked and containers inspected for damage? We check Temperature of All FREEZER and COOLER ITEMS

What is the anticipated frequency of food deliveries for: Frozen Weekly Fresh Weekly Dry Weekly

3. Is your facility required to have pasteurized products? (sect. 153) Yes \_\_\_ No ☒

4. Do you intend to make low-acid or acidified foods and intend your products to be shelf stable? If so, have you passed the Better Process and Control School exam? (sect. 143) Yes \_\_\_ No ☒ NA \_\_\_ (Please include a copy of the certification.)

5. Do you intend to make reduced oxygen packaged (ROP, def. 73) foods? (sect. 195) Yes \_\_\_ No ☒  
If yes, please list out the ROP foods. \_\_\_\_\_

### FOOD PREPARATION

6. If foods are prepared a day or more in advanced, please list them out. we do not prepare  
any Food a day or more advance. leftovers not kept

7. What will be your procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked or heat treated (such as, sushi, lettuce, buns, etc.)? (sect. 171)

employee will use gloves before touching any Food.

8. Describe your date marking system (described under sect. 191) for potentially hazardous (defined under sect. 66) ready-to-eat foods (defined under sect. 72). (sect. 191)

Train employee how to use fifo system. 24/7

9. Will all produce be washed prior to use? (sect. 175) Yes ☒ No \_\_\_ NA \_\_\_  
If no, why? \_\_\_\_\_

10. Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature danger zone (41°F-135°F) during preparation. (sect. 189)

we will Follow CORRECT Thawed IN PROCESS FROM  
FREEZER To cooler.

11. Provide a list of the types of food that will need to be thawed before cooking and the process that will be used to thaw the food. (e.g. frozen meat) (sect. 199)

PROCESS	TYPES OF FOOD
Refrigeration	Chicken, <u>egg</u> , <u>Cheese</u>
Running water less than 70°F	
Microwave as part of the cooking process	<del>MEAT</del> <u>MACARONI</u>
Cook from frozen	<u>Potato wedges, Poppers, Cheese stick, ONION rings</u>
Other (describe)	

12. Provide a list of the types of food that will need to be cooled and the process that will be used to cool each of these foods. (e.g. leftovers). (sects. 189, 190)

PROCESS	TYPES OF FOOD
Shallow pans under refrigeration	No leftovers
Ice and water bath	
Reduced volume (quartering a large roast)	
Ice paddles	
Rapid chill devices (blast freezer)	
Other (describe)	

13. What procedures will be in place to ensure that foods are reheated to 165°F or above? (sect. 188)

MICROWAVE

14. Will a buffet be served? Yes \_\_\_ No NA If yes, who will be responsible for ensuring that the buffet is protected from consumer contamination? (sect. 181)

### HOT AND COLD HOLDING

15. Will "Time as a Public Health Control" (see sect. 193) be used for potentially hazardous food(s) (either hot or cold)? Yes \_\_\_ No \_\_\_ NA \_\_\_ Note: These procedures must be submitted and approved before their use.

16. Will raw animal food(s) will be offered to the public in an undercooked form (sushi, rare hamburgers, eggs over easy, made from scratch Caesar dressing, etc.)? Yes \_\_\_ No NA If so, please attach your consumer advisory statement. (sect. 196)

17. Who (line cook, kitchen manager, etc.) will be assigned the responsibility of taking food temperatures and at what steps will temperatures be taken (cooking, cooling, reheating, and hot holding)? (sect. 119)

Trained Food Handler ~~cooking~~ Taking hot and cold temperatures.

18. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in a refrigeration unit(s) (i.e. walk in coolers, under the counter coolers). (sect. 173)

We will make separate section for RAW and Ready to eat Food.

19. Describe the storage of different types of raw meat and seafood in the same unit, and how cross-contamination will be prevented. (sect. 173)

We will make separate section for raw meat and Sea Food.

### SANITIZATION

20. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used? (sect. 119)

Food handler

21. What type of chemical sanitizer(s) will the facility use? (sect. 294) Tablet

22. Will the facility have test kits/papers on site for all types of chemical sanitizers? (sect. 291)

Yes ✓ No     NA

23. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in a sink or put through a dishwasher be sanitized? (sect. 303)

we will use sanitized bucket with clean rag to clean it.

**POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS**

24. Where will poisonous or toxic materials be stored (including the ones for retail sale)? (sect. 439)

will keep away from food.

25. Will the facility use a hand sanitizer? (sect. 131) Yes ☒ No ☐ If so, what brand? Cintas provided

26. Will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments" and that they are applied in a safe manner? (sect. 119) yes

27. Will all spray bottles be clearly labeled? (sect. 438) Yes ☒ No ☐

28. Where will first aid supplies be stored? (sect. 421) UNDER the Register COUNTER  
AWAY FROM FOOD,

**MISCELLANEOUS**

29. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters? (sect. 423) Yes ☐ No ☒ NA ☐

30. Has the facility registered or applied for a permit from the regulatory authority? (sect. 107) Yes ☒ No ☐

(The rest of this page was intentionally left blank)

The following list of questions should be generally completed by the architect/contractor/engineer.

### WAREWASHING/DISHWASHING

31. Dishwashing methods (sect. 269) (check one or both): 3 Compartment Sink ☒ Dishmachine ☐
32. If a 3 compartment sink is used, which sanitizing method will you use: Hot Water ☒ Chemical ☒
33. If a dishmachine is used, which sanitizing method will you use: Hot Water ☐ Chemical ☐
- If hot water, do you have a booster heater? Yes ☐ No ☐ NA ☐
- If hot water, how will you ensure that the unit is sanitizing the utensils? (sects. 258, 303) \_\_\_\_\_
34. Does your chemical dishmachine have an alarm that indicates when more chemical sanitizer needs to be added? (sect. 281) Yes ☐ No ☐ NA ☒
35. What type of alarm will be used to detect when the sanitizer is too low? Sound ☐ Visual ☒
36. Can the largest piece of equipment be submerged into the 3 compartment sink or dishmachine? (sect. 233) Yes ☒ No ☐ NA ☐
37. Does the facility plan to use alternative manual warewashing equipment? (sect. 233) Yes ☐ No ☒ NA ☐  
If yes, please submit your procedure for review.
38. Does your facility have enough drainboards/utensil racks/carts for the air drying of equipment and utensils for either the 3 compartment sink or the dishmachine? (sect. 289) Please describe below.  
We have Rack on the top of three  
compartment sink, for drying.

### WATER SUPPLY

39. Is the water supply public (☒) or private (☐)? If public, skip question #40.
40. If private, has the source been tested? (sect. 327) Yes ☐ No ☐  
If so, when was the last test \_\_\_\_\_ and did you send us a copy of the lab results? Yes ☐ No ☐

### WASTE WATER/SEWAGE DISPOSAL

41. Is the sewage disposal system public (☒) or private (☐)? If public, skip question #42.
42. Has the waste treatment system been approved by the state or local septic inspector? (sect. 376) Yes ☒ No ☐  
Please provide a copy of the approval.



## PLUMBING

43. Are hot and cold water fixtures provided at every sink? (sect. 330) Yes ☒ No ☐

44. If a water supply hose is to be used for potable water, is it made from food-grade materials? (sect. 364) Yes ☒ No ☐

45. What is the recovery time, volume, and capacity of the hot water heater? (sect. 329) 409A / e / e  
24 Recovery time

46. The following technical information is needed on the proposed plumbing. This section is best completed by a licensed plumber, or engineer. (sect. 336)

Fixture	Water Supply					Sewage Disposal		
	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Dishwasher								
Ice Machine(s)								
Mop/Service Sink								<input checked="" type="checkbox"/>
3 Compartment Sink								<input checked="" type="checkbox"/>
2 Compartment Sink						<input checked="" type="checkbox"/>		
1 Compartment Sink								
Hand Sink(s)							<input checked="" type="checkbox"/>	
Dipper Well								
Hose Connections							<input checked="" type="checkbox"/>	
Asian Wok/Stove								
Toilet(s)								
Kettle(s)								
Thermalizer								
Overhead Spray Hose								
Other Spray Hose(s)								
Other:								
Other:								
AVB=Atmospheric Vacuum Breaker				HB=Hose Bib Vacuum Breaker				
PVB=Pressure Vacuum Breaker				VDC=Vented Double Check Valve				

47. Has contact been made to the municipality to determine if a grease trap is required? Yes ☒ No ☐ NA ☐

48. What would be the frequency of cleaning for the grease trap? (sect. 378) 6 month

## HANDWASHING/TOILET FACILITIES

49. Handwashing sinks are required in each food preparation and dishwashing area. (sect. 344)  
 How many handsinks will be provided? 3

50. Are all toilet room doors self-closing where applicable? (sect. 352) Yes ☒ No ☐

51. Are all toilet rooms equipped with adequate ventilation? (sect. 309) Yes ☒ No ☐

**ROOM FINISH SCHEDULE (What the interior of the facility will look like.)**

52. Please indicate which materials (i.e. quarry tile, stainless steel=SS, plastic cove molding, etc.) will be used in the following areas. (sect. 402)

AREA	FLOOR	COVING	WALL	CEILING
KITCHEN	quarry tile		FRP wall board	wall molding
CONSUMER SELF SERVICE SERVING LINE	quarry tile			Regular tiles
BAR				
FOOD STORAGE				
OTHER STORAGE				
TOILET ROOMS	quarry tile			Regular tile
GARBAGE STORAGE				
MOP/SERVICE SINK AREA				
DISHWASHING				
OTHER				
OTHER				

**PERSONAL BELONGINGS**

53. Are separate dressing rooms/lockers provided? (sect. 417) Yes \_\_\_ No ☒ NA \_\_\_

54. Describe the storage location for employees' coats, purses, medicines and, lunches. (sects. 418, 422)

office

55. Where is the designated area for employees to eat, drink, and use tobacco? (sect. 136) Eat, drink can be in office and tobacco usage behind the building away from gas line

**EQUIPMENT**

56. Will all of the equipment meet the design and construction for the American National Standards Institute (ANSI) standards or meet section 205? Yes ☒ No \_\_\_

57. Will the utensils and food storage containers be made from food-grade quality materials? (sect. 205) Yes ☒ No \_\_\_

58. Will any pieces of used equipment be utilized? (sect. 106) Yes ☒ No ☐ NA ☐

If so, please list equipment types: Fryer,

59. Is the ventilation hood system sufficient for the needs of the facility? (sect. 307) Yes ☒ No ☐ NA ☐

60. Will all of the equipment used for the storage of potentially hazardous foods be able to meet the minimum temperature requirements (frozen food 0°F, cold food 41°F, hot food 135°F)? Yes ☒ No ☐ NA ☐

61. Please list equipment types for the hot and cold holding of foods; also during serving or transporting. (sect. 187)

Hot food case and Refrigerator.

62. Will each refrigeration unit have a thermometer? (sect. 256) Yes ☒ No ☐

63. What types of counter protective guards for food (sneeze guards) will be used for consumer self-service? (sect. 179)

we have hot food case with closed glass

#### INSECT AND RODENT HARBORAGE

64. Will all outside doors be self-closing, when applicable, and rodent/insect proof? (sect. 413) Yes ☒ No ☐

65. Will screens be provided on any open windows/doors to the outside? (sect. 413) Yes ☒ No ☐

66. Will air curtains be installed (made from either plastic or mechanical); if so, where on outer openings? (sect. 413)

67. Will all pipes and electrical conduit chases be sealed (i.e. ventilation systems, exhaust and intake be protected)? (sect. 414) Yes ☒ No ☐

68. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions? (sect. 426) Yes ☒ No ☐

69. Do you plan to use a pest control service? Yes ☒ No ☐ Frequency monthly Company Black diamond

#### REFUSE AND RECYCLABLES

70. Describe the surface (for refuse/recyclables) that the outside dumpster will be located on? (sect. 382)

paved floor

71. Where will recyclables be stored prior to pick-up? next to dumpster

**LIGHTING**

72. What are the foot candles of light for the following areas? (sect. 411)

Food prep areas 2x4 led light Dishwashing areas 2x4 Led light

Dry storage areas 2x4 led light Restrooms and walk-in refrigeration units 2x4 led light LED STICKS

# APPLICATION FOR PLAN REVIEW

Gran'N Go NA

Please complete the following, as is applicable to the retail food establishment.

## Owner/Corporation Information:

Name: Prakash Kumar Patel  
 Contact Person: Nilesh Patel  
 Telephone Number: 812-913-4114  
 Mailing Address: 2750, CHARLESTOWN RD  
NEW ALBANY IN - 47150

## Engineer/Architect Information:

Name: NATHAN R. GRIMES  
 Contact Person: Bob  
 Telephone Number: 812-246-5897  
 Mailing Address: 117 S Indiana Ave  
Sellersburg IN, 47112

## Establishment Information:

(Check one) ☐ New Construction ☒ Existing/Remodel Project #: \_\_\_\_\_  
 Establishment Name: K & P OIL INC - owner  
 Contact Person: Prakash Kumar Patel Title: OWNER  
 Establishment Telephone #: 812-913-4114 Contact Person Telephone #: 610-505-0633  
 Establishment Mailing Address: 2750 CHARLESTOWN RD NEW ALBANY, IN 47150  
 Establishment Street Address: SAME AS ABOVE  
 Projected Date for Start of Project: FEB 15<sup>TH</sup> 2020  
 Projected Date for Completion of Project: MAY 31<sup>ST</sup> 2020  
 Hours of Operation: 5:00 AM TO 11:00 PM Days of Operation: seven days/week

Contents and Specifications for Facility and Operating Plans as required in Section 110 of 410 IAC 7-24:

(Please check items submitted for review)

- ☒ Proposed menu (including seasonal, off-site and banquet menus).
- ☒ Anticipated volume of food to be stored, prepared, and sold or served.
- ☒ Proposed layout, mechanical schematics, construction materials, and finish schedules.
- ☒ Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications.
- ☒ Evidence that standard procedures that ensure compliance with ISDH Rule 410 IAC 7-24 are developed or are being developed.
- ☒ Plan review questionnaire completed and submitted to the regulatory authority.

### Note:

Other information that may be required by the regulatory authority for the proper review of the proposed construction, conversion or modification, and procedures for operating a retail food establishment.

## Additional Information:

### Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

P. Patel

(Signature of Applicant)

OWNER

(Relationship to Project)

05/28/2020

(Date Signed)

Note: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans and possibly delay construction.



**BUILDING COMMISSIONER**  
**DIVISION OF INSPECTION**  
311 Hauss Square Room #309  
New Albany, IN 47150  
812.948.5371

**FIRE SUPPRESSION SYSTEM PERMIT**

Date of issue: 05/21/2020		Plan Approval Receipt#: 202007 FS	
Address: 2750 CHARLESTOWN ROAD N/A		Receipt #: 3435933	
NEW ALBANY			
Jurisdiction:		Fees Paid:	
Scope of Work: SPRINKLER SYSYTEM		HVAC-SUP/RETURN 05/21/2020 40.00 RANGE HOODS 05/21/2020 35.00	
Permit Type: COMMERCIAL			
Owner: DANNY PATEL K&P INVESTMENT 2750 CHARLESTOWN ROAD NEW ALBANY, IN 47150 Telephone: 847-858-2702		Amount Paid Today \$0.00 Payment Type: CHK-1026 Permit Total: \$75.00 Total Paid: \$75.00	
Contractor: HOMEOWNER/OWNER		All inspections must be scheduled at least <u>24</u> hours in advance.	
Telephone: - -			

Inspection Notes:

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Indiana Department of Homeland Security  
DIVISION OF FIRE & BUILDING SAFETY  
PLAN REVIEW DIVISION  
402 W. Washington St., Room E245  
Indianapolis, IN 46204

## CONSTRUCTION DESIGN RELEASE

State Form 41191 (R9/5-98)

Report Printed on: May 11, 2020



Available At Your Local Licence Branch  
SUPPORT HOOSIER SAFETY

Project number

414409

Construction type

V-B

Scope of release

ARCH ELEC HOOD

Type of release

Standard

Project name

K&P Oil Inc

Street address

2750 Charlestown Rd

City

County

FLOYD

Release date

05/11/20

Occupancy classification

M, REM

To: Owner / Architect / Engineer

Kader Rangehoods & Fire Protection

4909 Poplar Level Rd

Louisville KY 40219

Fax & e-mail: , kaderhoods@gmail.com

The plans, specifications and application submitted for the above referenced project have been reviewed for compliance with the applicable rules of the Fire Prevention and Building Safety Commission. The project is released for construction subject to, but not necessarily limited to, the conditions listed below. THIS IS NOT A BUILDING PERMIT. All required local permits and licenses must be obtained prior to beginning construction work. All construction work must be in full compliance with all applicable State rules. Any changes in the released plans and/or specifications must be filed with and released by this Office before any work is altered. This release may be suspended or revoked if it is determined to be issued in error, in violation of any rules of the Commission or if it is based on incorrect or insufficient information. This release shall expire by limitation and become null and void, if the work authorized is not commenced within one (1) year from the above date.

### CONDITIONS:

Note (A1A & A1B): In accordance with the affidavit sworn under penalties of perjury in the application for construction design release the plans and specifications filed in conjunction with this project shall comply with all of the applicable rules and laws of Fire Prevention and Building Safety Commission. Providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine up to \$10,000.

In accordance with Section 19 of the General Administrative Rules (675 IAC 12-6-19) a complete set of plans and specifications that conform exactly to the design that was released by the office of the state building commissioner shall be maintained on the construction jobsite as well as a copy of the design release.

14B This project has been reviewed under the 2014 Indiana Building Code.

4G0603AR This release does not include all scopes of construction work. Plans and specifications for adding or remodeling other systems shall be filed as a new project or as one or more partials before commencing work in accordance with 675 IAC 12-6-3.

This release is for the following scopes only:  
Architecture, Electrical and Hood

4G0412AC No addition or alteration shall cause an existing building, structure, or any part of the permanent heating, ventilating, air conditioning, electrical, plumbing, sanitary, emergency detection, emergency communication, or fire or explosion suppression systems to become unsafe or overloaded under the provisions of the rules of the Commission for new construction in accordance with 675 IAC 12-4-12(c).

14W1104A Required means of egress shall be maintained during construction and demolition, remodeling or alterations and additions to any building, in accordance with Section 1104, IFC (675 IAC 22-2.5).

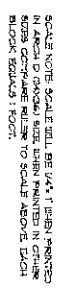
14W09061 Portable fire extinguishers shall be installed in accordance with Section 906.1, IFC (675 IAC 22-2.5).

14M0507 Commercial kitchen exhaust hoods shall comply with the requirements of Section 507, IMC (675 IAC 18-1.6).

14M050709 The complete installation of the kitchen exhaust hood and hood suppression system shall be in accordance with Sections 507 and 509, IMC (675 IAC 18-1.6).

14M0507161 Type I kitchen hoods shall be tested prior to occupancy as set forth in Section 507.16, IMC (675 IAC 18-1.6).

14M0506313 Terminations for Type I hood exhaust outlets for grease ducts serving commercial food heat

[illegible]

A1 PROJECT COVER  
A2 / E1 EXISTING STRUCTURE DEMOLITION PLAN,  
LIFE SAFETY & ELECTRICAL  
M1 EXHAUST HOOD SPECS & INSTALLATION DETAILS  
S1 SITE LOCATION PLAN



RENAISSANCE DESIGN BUILD, INC.  
117 SOUTH INDIANA AVENUE  
SELLERSBURG, INDIANA 47172

GRAB-N-GO  
2750 CHARLESTOWN ROAD  
NEW ALBANY, IN 47150

FIRE ALARM SYSTEM REQUIREMENTS- NONE



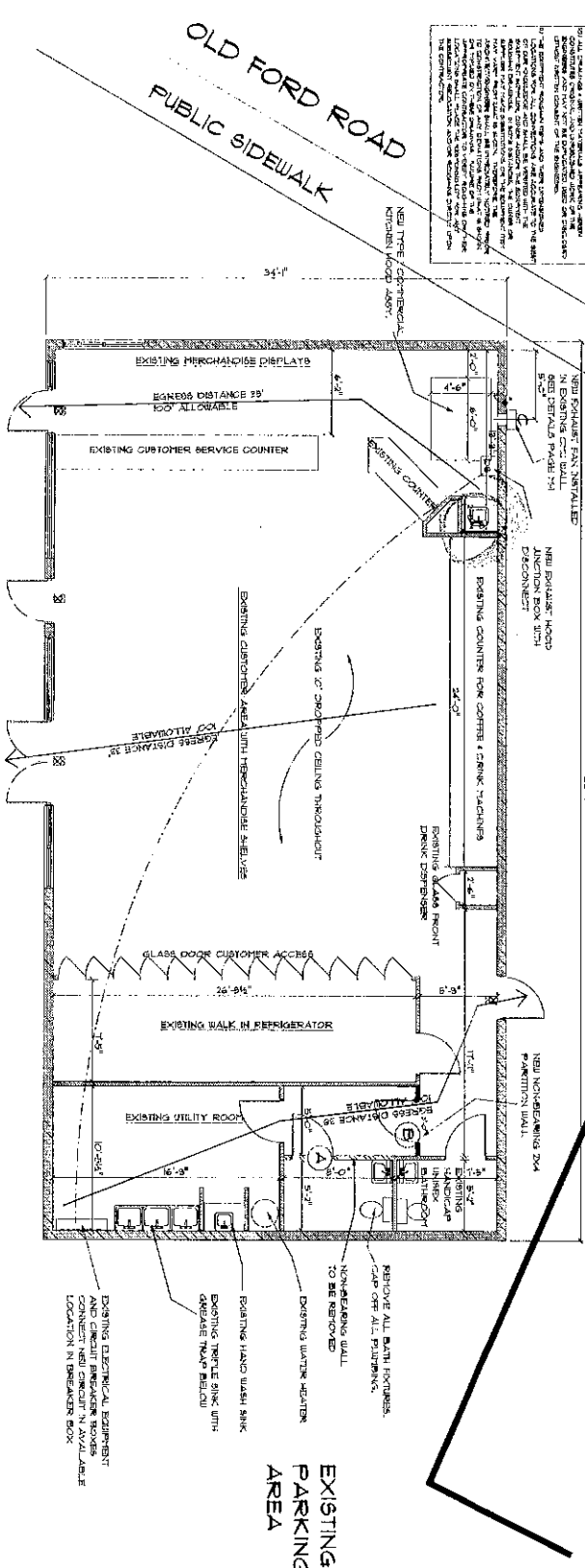
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THIS PLAN IS A PRELIMINARY DESIGN AND IS NOT TO BE USED FOR CONSTRUCTION. IT IS THE PROPERTY OF RENAISSANCE DESIGN BUILD, INC. AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF RENAISSANCE DESIGN BUILD, INC. ANY VIOLATION OF THIS NOTICE SHALL BE SUBJECT TO LEGAL ACTION.

**EXISTING PRIVATE FENCE  
ON PROPERTY LINE**

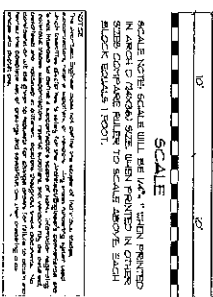
**WINDOW & DOOR SCHEDULE**  
ALL EXISTING WINDOWS & DOORS TO  
REMAIN UNDISTURBED EXCEPT:  
(A) EXISTING DOOR & FRAME TO BE REMOVED  
(B) NEW INTERIOR DOOR FROM CORNER



**EXISTING BUILDING  
AND DEMOLITION PLAN  
AND LIFE SAFETY PLAN  
AND ELECTRICAL PLAN**

**EXISTING GAS PUMPS AND  
PARKING AREA**

REVISION	DATE	BY	CHKD
1	4-21-2020	BD	BD



**RENAISSANCE DESIGN BUILD, INC.**  
117 SOUTH INDIANA AVENUE  
SELLERSBURG, INDIANA 47172

**GRAB-N-GO**  
2750 CHARLESTOWN ROAD  
NEW ALBANY, IN 47150

DRAFTING SERVICES PROVIDED IN PARTNERSHIP WITH:

**BETTER by DESIGN**

2625 Charlestown Road  
New Albany, IN 47150  
812.725.8543 or sales@BBD-PLANS.com  
www.BBD-PLANS.com

ENGINEERING SERVICES PROVIDED IN PARTNERSHIP WITH:

**RENAISSANCE DESIGN BUILD, INC.**

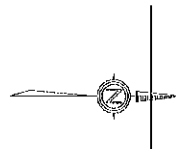
117 S Indiana Avenue  
Sellersburg, IN 47172  
Tel: 812-246-5887  
Fax: 812-248-4320  
www.renaissance设计build.com

DATE: 4-21-2020  
DESIGN BY: RENAISSANCE  
CHECKED BY: RENAISSANCE  
APPROVED BY: RENAISSANCE  
REVISIONS:  
- 4-21-2020  
BED JOB NO.:  
GRAB N GO  
RDBI JOB NO.:  
2020-178  
SHEET NUMBER:  
#A-24E-1



PUBLIC SIDEWALK  
PROPERTY LINE

• EXHAUST HOOD OUTLET



# **SITE LOCATION PLAN** NO SCALE

THIS DOCUMENT IS THE PROPERTY OF RENAISSANCE DESIGN BUILD, INC. IT IS TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED HEREON. IT IS NOT TO BE REPRODUCED, COPIED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF RENAISSANCE DESIGN BUILD, INC. ANY VIOLATION OF THIS NOTICE IS SUBJECT TO LEGAL ACTION.



RENAISSANCE DESIGN BUILD, INC.  
117 SOUTH INDIANA AVENUE  
SELLERSBURG, INDIANA 47172

GRAB-N-GO  
2150 CHARLESTOWN ROAD  
NEW ALBANY, IN 47150

SHEET NUMBER:  
**#S-1**

DATE: 4/21/2020  
DRAWN BY: BBD/MLL, JR.  
CHECKED BY: SCOTT H. GIERKE  
APPROVED BY: NATHAN K. GIERKE  
REVISIONS:  
• 4/21/2020  
BBD JOB NO.:  
GRAB N GO  
RDBI JOB NO.:  
2020-118

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**RECEIPT**

PP/2/12

**FLOYD COUNTY HEALTH DEPARTMENT**Health

FUND

**No 158435**

NEW ALBANY, IND.,

4/142020

RECEIVED FROM

K + P Oil / Grab N' Go \$ 100<sup>00</sup>

THE SUM OF

one hundred dollars and no DOLLARS

ON ACCOUNT OF

Services RenderedPlan reviewPAID BY: CASH ☐ CHECK ☒ M.O. ☐452aj  
AUTHORIZED SIGNATURE



Grab + Go  
NA



Date Paid: \_\_\_\_\_ \$25 Receipt #: \_\_\_\_\_  
Date Paid: 4/14 \$75 or \$100 ~~Receipt~~ #: 158435

## Plan Review Application

The fee for the plan review application is \$25.00 and must be submitted at the time the packet is picked up from our department. Please fill out all sections and return at least 30 days prior to opening – accompanied by a menu and a set of blue prints. \$75.00 must be paid at the time the packet is submitted. If the packet was printed from FCHD website then \$100 must be paid when the packet is submitted. Fees for plan review are non-refundable.

To correctly fill out the Plan Review Application, you will need to obtain a copy of the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24 at  
[http://www.in.gov/isdh/files/410\\_iac\\_7-24.pdf](http://www.in.gov/isdh/files/410_iac_7-24.pdf)

More guidance on the plan review process can be found in Section 3 of the FDA Food Establishment Plan Review Guideline at:  
<http://www.fda.gov/downloads/Food/FoodSafety/RetailFoodProtection/ComplianceEnforcement/ucm102738.pdf>

## APPLICATION FOR PLAN REVIEW

Please complete the following, as is applicable to the retail food establishment.

### Owner/Corporation Information:

Name: K&P Oil Inc.  
Contact Person: Prakash Kumar Patel  
Telephone Number: 610-505-0633  
Mailing Address: 2750, Chubbstown  
R.D. NEW ALBANY, IN-47150

### Engineer/Architect Information:

Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

### Establishment Information:

(Check one) ☐ New Construction ☒ Existing/Remodel Project #: \_\_\_\_\_  
Establishment Name: K&P Oil Inc.  
Contact Person: Prakash Patel Title: owner  
Establishment Telephone #: 812-913-4114 Contact Person Telephone #: 610-505-0633  
Establishment Mailing Address: 2750, Chubbstown RD New Albany IN 47150  
Establishment Street Address: same  
Projected Date for Start of Project: April 15th  
Projected Date for Completion of Project: April 10th  
Hours of Operation: 5AM - 11 PM Days of Operation: MON - SUN

Contents and Specifications for Facility and Operating Plans as required in Section 110 of 410 IAC 7-24:

(Please check items submitted for review)

☒ Proposed menu (including seasonal, off-site and banquet menus).

☒ Anticipated volume of food to be stored, prepared, and sold or served.

☒ Proposed layout, mechanical schematics, construction materials, and finish schedules.

☒ Proposed equipment types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications.

☒ Evidence that standard procedures that ensure compliance with ISDH Rule 410 IAC 7-24 are developed or are being developed.

☐ Plan review questionnaire completed and submitted to the regulatory authority.

**Note:**  
Other information that may be required by the regulatory authority for the proper review of the proposed construction, conversion or modification, and procedures for operating a retail food establishment.

### Additional Information:

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prakash Patel  
(Signature of Applicant)  
\_\_\_\_\_  
(Relationship to Project)  
owner  
(Date Signed)  
03/16/2020

Note: If all the required information is not submitted to the regulatory authority, it may delay the review process of your plans and possibly delay construction.

## PLAN REVIEW QUESTIONNAIRE

- Instructions: 1. Please answer the following questions and return this form and the application to our office.  
2. If you have any questions please call.  
3. This questionnaire is not designed as a complete list of requirements but should be used as a guideline only.  
4. The sanitation requirements noted in this document are specified under the Retail Food Establishment Sanitation Requirements Title 410 IAC 7-24.  
5. Please use this rule as it pertains to section numbers referenced at the end of each question.

Name of the facility and location: Grab N Go New Albany

Contact name and phone number: Prakash Patel 610-505-0633

It is recommended that you provide plans that are a maximum of 11 X 14 inches in size including the layout of the floor plan.

I have submitted plans/applications to the authorities listed below on the following dates:

Zoning \_\_\_\_\_ Plumbing \_\_\_\_\_ Septic \_\_\_\_\_

Planning \_\_\_\_\_ Electric \_\_\_\_\_ Fire \_\_\_\_\_

Building \_\_\_\_\_

Number of seats: \_\_\_\_\_ Total square feet of the facility: \_\_\_\_\_

Number of floors on which operations are conducted: 1

Maximum meals to be served: (approximate number) Breakfast 5 Lunch 8 Dinner 8

Type of service: (check all that apply) Sit down meals \_\_\_\_\_ Mobile vendor \_\_\_\_\_  
Take out ✓ Other \_\_\_\_\_  
Caterer \_\_\_\_\_

Who (job title) will be your certified food handler? (Title 410 IAC 7-22) munyer Nilesh Kumar Patel

How will employees be trained in food safety? (sect. 119) Trained by Nilesh Kumar Patel

The following procedures/questions should be considered before any further planning/construction begins or continues to ensure that special consideration is given to these standard sanitary operating procedures (SSOP's). This section should be completed by the operator. Please indicate (by either checking or completing the answers) whether or not a section applies to your operation.

### FOOD

1. Please provide a list of all planned food vendors. (sect. 142) Sysco, cozymark, Pepsi, code

2. What is the procedure for receiving food shipments? (sect. 166) Are temperatures checked and containers inspected for damage? we check temperature of all frozen and freezer items.

What is the anticipated frequency of food deliveries for: Frozen weekly Fresh weekly Dry weekly?

3. Is your facility required to have pasteurized products? (sect. 153) Yes ☒ No ☐

4. Do you intend to make low-acid or acidified foods and intend your products to be shelf stable? If so, have you passed the Better Process and Control School exam? (sect. 143) Yes ☐ No ☒ NA ☐ (Please include a copy of the certification.)

5. Do you intend to make reduced oxygen packaged (ROP, def. 73) foods? (sect. 195) Yes ☐ No ☒  
If yes, please list out the ROP foods. \_\_\_\_\_

### FOOD PREPARATION

6. If foods are prepared a day or more in advanced, please list them out. NO

7. What will be your procedure to prevent employees from touching foods that are ready-to-eat and will not be cooked or heat treated (such as, sushi, lettuce, buns, etc.)? (sect. 171)

on premise training, serv safe training

8. Describe your date marking system (described under sect. 191) for potentially hazardous (defined under sect. 66) ready-to-eat foods (defined under sect. 72). (sect. 191)

Date all the Refrigeration product and discard in 48 hours

9. Will all produce be washed prior to use? (sect. 175) Yes ☒ No ☐ NA ☐  
If no, why? \_\_\_\_\_

10. Describe the procedure to minimize the amount of time potentially hazardous foods will be kept in the temperature danger zone (41°F-135°F) during preparation. (sect. 189)

11. Provide a list of the types of food that will need to be thawed before cooking and the process that will be used to thaw the food. (e.g. frozen meat) (sect. 199)

PROCESS	TYPES OF FOOD
Refrigeration	
Running water less than 70°F	
Microwave as part of the cooking process	
Cook from frozen	<u>Freezer to Fryer</u>
Other (describe)	<u>to thaw about freezer to cooler</u>



58. Will any pieces of used equipment be utilized? (sect. 106) Yes      No ✓ NA     

If so, please list equipment types:

59. Is the ventilation hood system sufficient for the needs of the facility? (sect. 307) Yes ☒ No ☐ NA ☐

60. Will all of the equipment used for the storage of potentially hazardous foods be able to meet the minimum temperature requirements (*frozen food 0°F, cold food 41°F, hot food 135°F*)? Yes ☒ No ☐ NA ☐

61. Please list equipment types for the hot and cold holding of foods; also during serving or transporting.  
(sect. 187)

62. Will each refrigeration unit have a thermometer? (sect. 256) Yes ☒ No ☐

63. What types of counter protective guards for food (*sneeze guards*) will be used for consumer self-service? (sect. 179)

## INSECT AND RODENT HARBORAGE

64. Will all outside doors be self-closing, when applicable, and rodent/insect proof? (sect. 413) Yes ☒ No ☐

65. Will screens be provided on any open windows/doors to the outside? (sect. 413) Yes ☐ No ☒

66. Will air curtains be installed (*made from either plastic or mechanical*); if so, where on outer openings? (*sect. 413*)

67. Will all pipes and electrical conduit chases be sealed (*i.e. ventilation systems, exhaust and intake be protected*)?  
(sect. 414) Yes ☒ No

68. Is the area around the building clear of unnecessary debris, brush, and other harborage conditions?  
(sect. 426) Yes ☒ No ☐

69. Do you plan to use a pest control service? Yes ☒ No ☐ Frequency \_\_\_\_\_ Company \_\_\_\_\_

## REFUSE AND RECYCLABLES

70. Describe the surface (for refuse/recyclables) that the outside dumpster will be located on? (sect. 382)

71. Where will recyclables be stored prior to pick-up?

## **LIGHTING**

72. What are the foot candles of light for the following areas? (*sect. 411*)

Food prep areas \_\_\_\_\_

Dishwashing areas \_\_\_\_\_

Dry storage areas \_\_\_\_\_

Restrooms and walk-in refrigeration units \_\_\_\_\_

**ROOM FINISH SCHEDULE (What the interior of the facility will look like.)**

52. Please indicate which materials (i.e. quarry tile, stainless steel=SS, plastic cove molding, etc.) will be used in the following areas. (sect. 402)

AREA	FLOOR	COVING	WALL	CEILING
KITCHEN				
CONSUMER SELF SERVICE SERVING LINE				
BAR				
FOOD STORAGE				
OTHER STORAGE				
TOILET ROOMS				
GARBAGE STORAGE				
MOP/SERVICE SINK AREA				
DISHWASHING				
OTHER				
OTHER				

**PERSONAL BELONGINGS**

53. Are separate dressing rooms/lockers provided? (sect. 417) Yes \_\_\_ No ☒ NA \_\_\_

54. Describe the storage location for employees' coats, purses, medicines and, lunches. (sects. 418, 422)

Buick Room

55. Where is the designated area for employees to eat, drink, and use tobacco? (sect. 136) \_\_\_\_\_

Buick Room

**EQUIPMENT**

56. Will all of the equipment meet the design and construction for the American National Standards Institute (ANSI) standards or meet section 205? Yes ☒ No \_\_\_

57. Will the utensils and food storage containers be made from food-grade quality materials? (sect. 205) Yes ☒ No \_\_\_

## PLUMBING

43. Are hot and cold water fixtures provided at every sink? (sect. 330) Yes ☒ No ☐

44. If a water supply hose is to be used for potable water, is it made from food-grade materials? (sect. 364)

Yes ☐ No ☒

45. What is the recovery time, volume, and capacity of the hot water heater? (sect. 329)

2 hr recovery Time

4 gal / etc

46. The following technical information is needed on the proposed plumbing. This section is best completed by a licensed plumber, or engineer. (sect. 336)

Fixture	Water Supply					Sewage Disposal		
	AVB	PVB	VDC	HB	Air Gap	Air Break	Air Gap	Direct Connect
Dishwasher								
Ice Machine(s)								
Mop/Service Sink								<input checked="" type="checkbox"/>
3 Compartment Sink						<input checked="" type="checkbox"/>		
2 Compartment Sink								
1 Compartment Sink								
Hand Sink(s)					<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Dipper Well								
Hose Connections							<input checked="" type="checkbox"/>	
Asian Wok/Stove								
Toilet(s)								
Kettle(s)								
Thermalizer								
Overhead Spray Hose								
Other Spray Hose(s)								
Other:								
Other:								
AVB=Atmospheric Vacuum Breaker				HB=Hose Bib Vacuum Breaker				
PVB=Pressure Vacuum Breaker				VDC=Vented Double Check Valve				

NA

47. Has contact been made to the municipality to determine if a grease trap is required? Yes ☒ No ☐ NA ☐

48. What would be the frequency of cleaning for the grease trap? (sect. 378) 6 month

## HANDWASHING/TOILET FACILITIES

49. Handwashing sinks are required in each food preparation and dishwashing area. (sect. 344)

How many handsinks will be provided? 3

50. Are all toilet room doors self-closing where applicable? (sect. 352) Yes ☒ No ☐

51. Are all toilet rooms equipped with adequate ventilation? (sect. 309) Yes ☒ No ☐

The following list of questions should be generally completed by the architect/contractor/engineer.

### WAREWASHING/DISHWASHING

31. Dishwashing methods (sect. 269) (check one or both): 3 Compartment Sink ☒ Dishmachine ☐
32. If a 3 compartment sink is used, which sanitizing method will you use: Hot Water ☒ Chemical ☐?
33. If a dishmachine is used, which sanitizing method will you use: Hot Water ☐ Chemical ☐?

If hot water, do you have a booster heater? Yes ☐ No ☐ NA ☐

If hot water, how will you ensure that the unit is sanitizing the utensils? (sects. 258, 303) \_\_\_\_\_

34. Does your chemical dishmachine have an alarm that indicates when more chemical sanitizer needs to be added? (sect. 281) Yes ☐ No ☐

35. What type of alarm will be used to detect when the sanitizer is too low? Sound ☐ Visual ☐

36. Can the largest piece of equipment be submerged into the 3 compartment sink or dishmachine? (sect. 233) Yes ☒ No ☐ NA ☐

37. Does the facility plan to use alternative manual warewashing equipment? (sect. 233) Yes ☒ No ☐ NA ☐  
*If yes, please submit your procedure for review.*

38. Does your facility have enough drainboards/utensil racks/carts for the air drying of equipment and utensils for either the 3 compartment sink or the dishmachine? (sect. 289) Please describe below.

we have big racks in top of our three compartment  
sink.

### WATER SUPPLY

39. Is the water supply public (☒) or private (☐)? If public, skip question #40.

40. If private, has the source been tested? (sect. 327) Yes ☐ No ☐

If so, when was the last test \_\_\_\_\_ and did you send us a copy of the lab results? Yes ☐ No ☐

### WASTE WATER/SEWAGE DISPOSAL

41. Is the sewage disposal system public (☒) or private (☐)? If public, skip question #42.

42. Has the waste treatment system been approved by the state or local septic inspector? (sect. 376) Yes ☐ No ☐  
*Please provide a copy of the approval.*

23. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in a sink or put through a dishwasher be sanitized? (sect. 303)

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**POISONOUS OR TOXIC MATERIALS AND PERSONAL CARE ITEMS**

24. Where will poisonous or toxic materials be stored (including the ones for retail sale)? (sect. 439)

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25. Will the facility use a hand sanitizer? (sect. 131) Yes ☒ No ☐ If so, what brand? \_\_\_\_\_

26. Will the facility ensure that insecticides and rodenticides are "Approved for Use in Food Establishments" and that they are applied in a safe manner? (sect. 119) \_\_\_\_\_

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27. Will all spray bottles be clearly labeled? (sect. 438) Yes ☒ No ☐

28. Where will first aid supplies be stored? (sect. 421) \_\_\_\_\_

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**MISCELLANEOUS**

29. Will any part of the retail food establishment open directly into any part of any living or sleeping quarters? (sect. 423) Yes ☐ No ☒ NA ☐

30. Has the facility registered or applied for a permit from the regulatory authority? (sect. 107) Yes ☒ No ☐

*(The rest of this page was intentionally left blank)*

12. Provide a list of the types of food that will need to be cooled and the process that will be used to cool each of these foods. (e.g. leftovers). (sects. 189, 190)

PROCESS	TYPES OF FOOD
Shallow pans under refrigeration	
Ice and water bath	
Reduced volume ( <i>quartering a large roast</i> )	
Ice paddles	
Rapid chill devices ( <i>blast freezer</i> )	
Other ( <i>describe</i> )	

13. What procedures will be in place to ensure that foods are reheated to 165°F or above? (sect. 188)

microwave

14. Will a buffet be served? Yes \_\_\_ No ☒ NA \_\_\_ If yes, who will be responsible for ensuring that the buffet is protected from consumer contamination? (sect. 181)

### HOT AND COLD HOLDING

15. Will "Time as a Public Health Control" (see sect. 193) be used for potentially hazardous food(s) (either hot or cold)? Yes \_\_\_ No \_\_\_ NA \_\_\_ Note: These procedures must be submitted and approved before their use.

16. Will raw animal food(s) will be offered to the public in an undercooked form (*sushi, rare hamburgers, eggs over easy, made from scratch Caesar dressing, etc.*)? Yes \_\_\_ No \_\_\_ NA \_\_\_ If so, please attach your consumer advisory statement. (sect. 196)

17. Who (*line cook, kitchen manager, etc.*) will be assigned the responsibility of taking food temperatures and at what steps will temperatures be taken (*cooking, cooling, reheating, and hot holding*)? (sect. 119)

Prakash Patel, cooking food HOT & COLD temperatures

18. Describe how cross-contamination of raw meats and ready-to-eat foods will be prevented in a refrigeration unit(s) (i.e. walk in coolers, under the counter coolers). (sect. 173)

If coolers are not work one temperature more than 41°F

19. Describe the storage of different types of raw meat and seafood in the same unit, and how cross-contamination will be prevented. (sect. 173)

open buy

### SANITIZATION

20. Who will be assigned the responsibility of ensuring the correct amount of sanitizer will be used? (sect. 119)

Prakash Patel

21. What type of chemical sanitizer(s) will the facility use? (sect. 294) Tablets

22. Will the facility have test kits/papers on site for all types of chemical sanitizers? (sect. 291)

Yes ☒ No ☐ NA ☐